

Hawaii Employer-Union Health Benefits Trust Fund
Retiree COBRA - Monthly Premium Rates
Effective July 1, 2003 through June 30, 2004

Medical/Drug Plans

	<u>Single</u>	<u>Family</u>
With Medicare		
HMSA	\$189.86	\$622.30
Kaiser	\$147.74	\$455.00
Without Medicare		
HMSA	\$316.34	\$884.44
Kaiser	\$314.32	\$851.78

Dental Plans

<u>Single</u>	<u>Family</u>
\$24.85	\$49.69

Vision Plans

<u>Single</u>	<u>Family</u>
\$4.15	\$8.93